

Safe Communities Incentive Program Firm Application Form - Provider

Yes, I as the Owner/Senior Manager*, would like to apply and participate in the Safe Communities Incentive Program.

Firm (full legal name)			
Parent Company			
WSIB Account Number	WSIB Firm Number	Other locations under the same WSIB account? <input type="checkbox"/> yes <input type="checkbox"/> no	
Annual WSIB Premium	Number of Employees	I have previously participated in the Safe Communities Incentive Program. <input type="checkbox"/> yes <input type="checkbox"/> no	
Address			
City/Town		Province	Postal Code
Telephone	Fax	E-mail Address	Language <input type="checkbox"/> English <input type="checkbox"/> French
I will attend training at the following location		Additional Participant Name (optional)	
Participant Name		Title	

Please return this form by fax or by mail:

Financial Information Disclosure:

We authorize the Workplace Safety & Insurance Board (WSIB) to disclose to the "SCIP Provider" all financial information required for the administration of SCIP. This information would include files regarding;

- Our premiums, classification, experience rating and claims costs.

This authorization is valid for a minimum of 24 months from the date of this application or to the following date of

(Written notice to the Prevention Services Branch of the WSIB is required to cancel this agreement)

Signature	Title (Owner/senior manager)	Date (dd/mmm/yyyy)
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Terms and Conditions of Participation

1. The SCIP participant is the owner or senior manager* of the company (see definition).
2. Employers applying to participate in the SCIP program must be a Schedule 1 employer, paying less than \$90,000 in annual WSIB premiums.
3. Employer account must be in good standing with the WSIB.
4. Employers can not be part of the Safety Groups Program or a past SCIP participant.
5. Employer must attend and complete the 5 Steps to Managing Health and Safety training course.
6. Employer must complete and submit the program requirements as defined.
7. If asked, employers must cooperate with WSIB spot checks as part of the evaluation process. Employers selected for a spot check will be required to provide documentation to demonstrate all 5 steps of the management system are in place.
8. Employers and their employees may be asked to participate in questionnaires, surveys or interviews as part of the SCIP evaluation.
9. Employers must participate in networking activities with other members.
10. Employers must maintain regular contact with their SCIP Provider.

By signing, I understand that my firm must meet the terms and conditions of participation. If my firm does not meet or complete the terms and conditions, we will not be eligible for the SCIP rebate.

Signature

X

Date (dd/mmm/yyyy)

*** Definition of senior manager:** The key decision-maker within the company who is responsible for approving the allocation of resources on behalf of the company (people, equipment, training, and materials).